

## Pregnancy Support Center

---

### *Fax Transmittal Form*

To— OA

FROM

Attn: Emily Kraft

Abigail Chisom, Assistant Director

Phone number:

Phone number: 417-532-8555

Fax number: 573-751-1212

Fax number: 417-532-8152

Email: Abigail@psc-lebanon.org

Date sent: 4/6/2017

Time sent: 11:25 am

Number of pages including cover page: 3

---

### Message:

Emily,

Attached are my Quarterly Expenditure Report and my April Invoice. I think I did them correctly!

Thanks,

Abigail Chisom

Contract # CS170042005 Vendor Name: Laclede County Pregnancy Support Center  
 Vendor Number: 43169397000/MB00097817 Vendor Address: P.O. Box 373  
Lebanon, MO 65536

Bill To: Office of Administration  
Commissioner's Office  
201 W. Capitol Ave, Room 125  
Jefferson City, MO 65101

Invoice Number: LCPSC0087  
 Invoice Date: 4/6/2017  
 Service Period: April 1-30, 2017

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 89,272.92	\$ 35,709.16	\$ 17,854.58
Quarterly expenditure adjustment:		\$ (7,926.24)
Total Due:		\$ 9,928.34
Allocation Remaining		\$ 43,635.42

Signature:  \_\_\_\_\_

# FFY17 A2A Quarterly Expenditure Report

Agency: Laclede County Pregnancy Support Center

Contract Number: CS170042005

Program Year July 1, 2016 - September 30, 2017

Revenue Request

\$ 27,782.92

## Option 1: Federally Negotiated Indirect Cost Rate (FNICR)

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

Total Indirect Administrative Costs

\$ -

OR

## Option 2: 10% De Minimus (use if no FNICR)

Application Base: Modified Total Direct Administrative Cost

\$ -

10%

Total Indirect Administrative Costs

\$ 526.16

Program Salaries and Wages

\$ 4,692.50

Employee Benefits

\$ -

Employee Travel

\$ -

Employee Training

\$ -

Office Rent/Space

\$ -

Office Utilities

\$ 162.39

Facility Insurance

\$ 234.51

Office Supplies (under \$5,000)

\$ 67.40

Equipment (Capital Equipment over \$5,000 threshold)

\$ 28.38

Office Communications

\$ 59.35

Office Repairs and Maintenance

\$ 17.07

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

Total Direct Administrative Cost

\$ 5,261.60

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

Modified Total Direct Administrative Cost

\$ 5,261.60

Transportation

\$ 440.00

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ 14,038.24

Utility Assistance

\$ 1,223.52

Emergency Shelter

\$ -

Housing Assistance

\$ 4,730.56

Child Care

\$ 134.00

Supplies

\$ 1,428.84

Total Participant Costs

\$ 21,995.16

I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.

Signature of Authorized Representative of Laclede County Pregnancy Support Center

Date